

The Family Court of the State of Delaware

For New Castle Kent Sussex County

VERIFIED NOTICE FOR ATTACHMENT OF INCOME

Petitioner			Respondent	t				
Last	First	MI	Last	Fii	rst	MI	File Nur	mber(s)
Address		,	vs Address				-	
							CPI Nui	mber(s)
City	State	Zip	City		State	Zip	-	
-		•						
SS#	DC	В	SS#		D	OB	IV-D S	
Home Phone	Work Phon	е	Home Phon	e	Work Pho	ne	□ IV-D □ NON) NPA
The Petitioner herel	by alleges the follow	ing:						
1. The Court on _	current sup	ente	red an order	requiring respor	dent to pay	the petitio	oner \$	
(\$	current sup	port plus	\$	towa	ard arrears)	each and e	every	 ·
	ot received a payme Curi							
payment history	y is attached].					, [in addit of pu	<i>J.</i> .
3. Respondent is 6	employed by:			Name of Employ	ver			
				Address of Emp	loyer			
				City			State	Zip
4. Respondent	t is receiving unemp	loyment c	ompensation	benefits.				
13 <u>Del. C.</u> 51	n default of this Ord 3, including the sta ays in effect as long	tutorily re	equired addi	tional amount t	oward the	arrears as	allowed by la	aw, and that
Laffirm under pena	lty of perjury that the	e above in	formation is	true and correct	to the best o	of my knov	wledge.	
_	SUBSCRIBED before			irac ana contect	to the best (or my mio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SWORT TO THE	SOBSCRIBED DETO	Te me ums	date,					
Date		N	otary Public			Peti	itioner/DCSE	
I further affirm that	a true and correct co	opy of the	Verified Not			ne and an	Affidavit to Co	
	nced in the U.S. Mail				, and se	nt to the	last known ad	ldress of the
first class postage p								
SWORN TO AND	SUBSCRIBED before	ore me this	date,					
Date		N	otary Public			Peti	itioner/DCSE	
D 1 1			4l-2 1 4				.1	/
Received by		0	n this date,			, a	ıt	am/pm.

Form	225a
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PETITIONER	FILE NO.	

AFFIDAVIT TO CONTEST INCOME ATTACHMENT

OF THE DATE THE VERI OBLIGATION. YOU SHO	AY CONTEST INCOME ATTACHMENT BY FILING THIS AFFID FIED NOTICE WAS FILED, IF THE RESPONDENT BELIEVES THA ULD ATTACH COPIES OF SUPPORTING DOCUMENTS IF YOU LSO MAIL A COPY OF THE COMPLETED AFFIDAVIT TO THE PROPERTY OF THE PRO	T HE/SHE IS NOT IN DEFAULT OF THE SUPPORT BELIEVE THAT THEY ARE HELPFUL TO YOUR
	a consideration of the Affidavit(s), determine whether are termination, either schedule a hearing or issue the attachme	•
RESPONDENT/O pursuant to 13 De	DBLIGOR wishes to dispute the imposition of an incoder. 513(b)(3):	me attachment on the following ground(s)
00000	Mistaken identity (the Respondent is not the right person). The payments have been made as Ordered. The Court did not have jurisdiction over me at the time the The Court does not have jurisdiction in this case. Other:	
Please detail t	ne facts which support your application for a hearing:	
SWORN TO AND SU	BSCRIBED before me this date,	
Date	Notary Public	Respondent
	Notary Public on this date,	·
Received by	on this date,	·
Based on my review of Affidavit I hereby OR Income At because:	on this date, of the facts contained in the ☐ Petitioner's Affidavit DER: tachment in the amount of \$ perarrears) with a consumer credit protection limit of No contest to attachment entered.	
Based on my review of Affidavit I hereby OR Income At because:	on this date, on this date, of the facts contained in the □ Petitioner's Affidavit DER: tachment in the amount of \$ per arrears) with a consumer credit protection limit of No contest to attachment entered. The Affidavit to Contest Income Attachment raised n Respondent is free to seek relief raised in the Affidavi separate petition.	
Based on my review of Affidavit I hereby OR Income At because: C A Hearing Master	on this date,	

Date Written Order Issued

Judge/Master